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FILED NOV 9 1948

State File No.

Registration District No. 2748

Primary Registration District No. 6076

Registrar's No. 2433

1. PLACE OF DEATH:

(a) County Blair Co. 3343 Edmondson Rd.
(b) City or town Overland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3343 Edmondson Rd 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. _____ years, months or days)

3. (a) PRINT
FULL NAME

Mary Heiman

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F / 1

5. Color or
race W.

6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife. Edward

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased. 1 — 6 — 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 13 hr. _____ min.

9. Birthplace St Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Teremiah Brogan

13. Birthplace Overland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Eamon

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Gander

(b) Address 3343 Edmondson Rd

17. (a) Burial (b) Date thereof 10-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Ernest Funeral Home

(b) Address 9222 Fackland

19. (a) 10-21-48 (b) Carl A. Chapman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3343 Edmondson 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1948 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from
11-10, 1948, to 10-19, 1948
and that I last saw him alive on 10-18, 1948.
that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chr. Myocarditis
Due to Arterio sclerosis

Due to Anemia secondary
microcytic

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature L. Hayden (M. D. or other) MD
Address 5899 W. 12th Date signed 10/20/48

WHILE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *5043*

P. O. Address. *Atkins, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.